

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

11

1. (a) NAME OF COMMITTEE IN FULL: Craig for U.S. Senate		<input type="checkbox"/> (Check if name is changed)	2. DATE April 6, 2001
(b) Number and Street Address: P.O. Box 2754		<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number C00115667
(c) City, State and ZIP Code: Boise, ID 83701		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization/ Affiliated Committee	Mailing Address and ZIP Code	Relationship
W/N 2001 Committee	P.O. Box 75103 Washington, DC 20013	Joint Fundraising Representative

Type of Connected Organization

- Corporation Corporation w/o Corporation Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identity by name, address (phone number, - optional) and position of the person in possession of committee books and records.

Full Name:

Mailing Address:

Title or Position:

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name:

Mailing Address:

Title or Position:

9. Banks or Other Depositories: List banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address and ZIP Code

First Union Bank

1970 Chain Bridge Road, McLean, VA 22102

I certify that I have executed this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER:

Kaye O'Kordan

SIGNATURE OF TREASURER

DATE April 6, 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:	FECAN121
Federal Election Commission	
Toll-free 800-424-9630	
Local 202-219-3429	

FEC FORM 1

(revised 4/87)